

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <div style="text-align: center;">10666712</div>	FILING DATE				
							APPLICANT(S)					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			11		12		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1	1		1				51					
2		1					52					
3		2		1			53					
4		2		1			54					
5	1		1				55					
6		1					56					
7		2		1			57					
8		0		1			58					
9		0		0			59					
10	1		1				60					
11		1					61					
12		2		1			62					
13		0		2			63					
14		0		2			64					
15							65					
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42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3	0	3	0			TOTAL IND.					
TOTAL DEP.	15		10				TOTAL DEP.					
TOTAL CLAIMS	18		13				TOTAL CLAIMS					

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1360 (REV. 3-78)

U.S. DEPARTMENT OF COMMERCE
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